

City of Fairfield Community Emergency Response Team



Name _	Last	F		Middle					
	Last	•	1131	Middle					
Address _	Number	Street			City		State	Zip	
						-	_		
Home pho	ne		 Work phor	 ne		Mobile p	phone, page	r, messa	ge pho
Driver's Lic	cense #			State	_	Date of B	Birth		
Diago of D	irth						monun	day	year
Flace OI D		City		County		State		Coun	try
Height		Weight	t	Eye	color		Hair Co	olor	
Have you	hoon or are yeu	. currently in	volvod in any an	urt action obe	Lor oriminal?	Voc 🗆	No 🗆		
-	-	-	olved in any co			Yes □	No □		
Have you	ever been arres e details on the	sted, detained	d by the police, o	or summoned and juvenile o	into court?	Yes □	No □		
If yes, give	ever been arres e details on the Occurrence	sted, detained e following o	d by the police, on the chart for adult of the chart for adult of the chart for and State the chart for an adult for adult for a	and juvenile o	into court? occurrences: Date		No □ sition or Pe	enalty	
If yes, give	e details on the	sted, detained e following o	chart for adult	and juvenile o	occurrences:		-	enalty	
If yes, give	e details on the	sted, detained e following o	chart for adult	and juvenile o	occurrences:		-	enalty	
If yes, give	e details on the	sted, detained e following o	chart for adult	and juvenile o	occurrences:		-	enalty	
Have you	e details on the	e following o	City and Stat	ee	Date	Dispo	sition or Pe		etc.) n
Have you prescribed	e details on the Occurrence ever used any for you by a ph	orm of a narchysician?	City and Stat	tion drug (Exa	Date mple: tranquili	Dispos zers, barbitura	sition or Pe		etc.) n
Have you prescribed	e details on the Occurrence ever used any for you by a ph	orm of a narchysician?	City and State	tion drug (Exa	Date mple: tranquili	Dispos zers, barbitura	sition or Pe		etc.) n
Have you oprescribed If yes, exp	e details on the Occurrence ever used any for you by a pholain and give of	orm of a narchysician?	City and State City and State cotic or prescript Yes □ No	tion drug (Exa	Date mple: tranquili	Dispo:	sition or Pe		etc.) n
Have you of the second of the	e details on the Occurrence ever used any for you by a pholain and give of ever taken hallu	orm of a narchysician?	City and State	tion drug (Exa	Date Date mple: tranquili Peyote, etc.)?	Dispos zers, barbitura	sition or Pe		etc.) n
Have you of prescribed If yes, exp	e details on the Occurrence ever used any for you by a pholain and give of ever taken hallu	orm of a narchysician?	City and State	tion drug (Exa	Date Date mple: tranquili Peyote, etc.)?	Dispo:	sition or Pe		etc.) n
Have you of the second of the	e details on the Occurrence ever used any fror you by a pholain and give one or taken halluplain and give one of the old of the old of the old of the old	orm of a narchysician? dates:	City and State Cotic or prescript Yes No	tion drug (Exa	Date Date mple: tranquili Peyote, etc.)?	Dispo:	sition or Pe		etc.) n
Have you of the second of the	e details on the Occurrence ever used any fror you by a pholain and give of the olain and give olain and give of the olain and give of the olain and give olain an	orm of a narchysician? dates:	City and State Cotic or prescript Yes No	tion drug (Exa	mple: tranquili	Dispos zers, barbitura Yes □	ates, amphe	etamines,	

12. Employment History					
Present Employer					
Name of Company			_ Phone numbe	er	
Address		City		State	ZIP
Type of work					
Supervisor's Name			_ Employed sine	ce/	
Previous Employers					
Name of Company			_ Phone numbe	er	
Address		City		State	ZIP
Type of work					
Supervisor's Name			_ Employed from	m to)
Name of Company			_ Phone numbe	er	
Address		City		State	ZIP
Type of work					
Supervisor's Name			_ Employed from	mtc)
•	he military (include the R		•		
	Date separated or dis	scharged	Type of dis	charge	
b. Were you ever the	subject of a military crimi	inal investiga	tion? Yes □	No □ If yes, ex	plain:
			ta tha Uniforma Cada	of Military Justice of	
	subject of military discipli No ☐ If yes, complete	te the follow	ing:	of Military Justice of	any service regulation?
	subject of military discipli No ☐ If yes, complet	te the follow	ing: Charge	Disposition	
	No D If yes, complet	te the follow	ing:		

Page 2 of 3 2/10/2010

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the foregoing statements and answect or misleading information woul	wers given are true. I fully understand that any intentional attempt on my part to provide Id be just cause for the rejection of my application.
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	Applicant's Signature
	, applicant o Gignataro
	Date of Application
you complete this application, plea	ase mail or drop off to the Fairfield Fire Department, 1200 Kentucky St, Fairfield, CA 945
	Office Use Only
Received:	

Page 3 of 3 2/10/2010